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SERIAL NUMBER 10/624,979	FILING DATE 07/22/2003 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 7175-70579
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 10/090,723 03/04/2002 PAT 6,618,882
 which is a DIV of 09/780,803 02/09/2001 PAT 6,412,126
 which is a DIV of 09/131,080 08/07/1998 PAT 6,282,738

O.K.R.S.

** FOREIGN APPLICATIONS *****

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 16	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Robert L. R.C.S.</i>	Initials <i>R.C.S.</i>		

ADDRESS

23643
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TITLE

OB/GYN stretcher

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

<p>RECEIVED 1086</p>	<p>No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
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